



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E394704**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION

CASE #	15-00223
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	01 - 23 - 2015	TIME (2400)	0000	COUNTY #	31	MILES		N	E	IN	OF	CITY #	0664
								S	W				

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

82ND DR SE	BLOCK NO.	218
	MILE POST	

DISTANCE	50	00	MILES	N	E	OF (REFERENCE OR CROSS STREET)	2ND PL SE	S	W
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET	
NEW ADDRESS	

CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.			
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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VEHICLE NO. 1
SHADE IN DAMAGED AREA



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET	
NEW ADDRESS	

CITY		ST		ZIP	
------	--	----	--	-----	--

CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.			
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
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LICENSE PLATE #	971EXP	STATE	OR	VIN#	2C4GP44383R222379
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2003	MAKE	CHRY	MODEL	TOWN	STYLE	SV	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. PATRICIA MORGAN 422 HOLLYHOCK PL N KEIZER OR 97303 D: 7203234566

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 136 6670-D04-37A
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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VEHICLE NO. 2
SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)	M. HINGTEN	BADGE OR ID #	126	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E394704

CASE #

15-00223

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Veh #2 was parked on the west side of the street, in front of 218 82nd Dr SE. Veh #2 was facing northbound, into oncoming traffic. The owner of Veh #2, noticed her vehicle had moved onto the sidewalk from its parked location. Upon inspection of the vehicle, the owner discovered the the front passenger side tire had been impacted. Also there was damage to the passenger side front fender. The damage is consistent with a vehicle colliding with Veh #2, traveling southbound on 82nd Dr SE.

Left at the scene was multiple pieces of clear plastic. Engraved in one of the pieces of plastic was the Ford emblem.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

01-23-15 10:03 PM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

1/24/2015 5:00:25 AM

BADGE OR ID #

126

ORI #

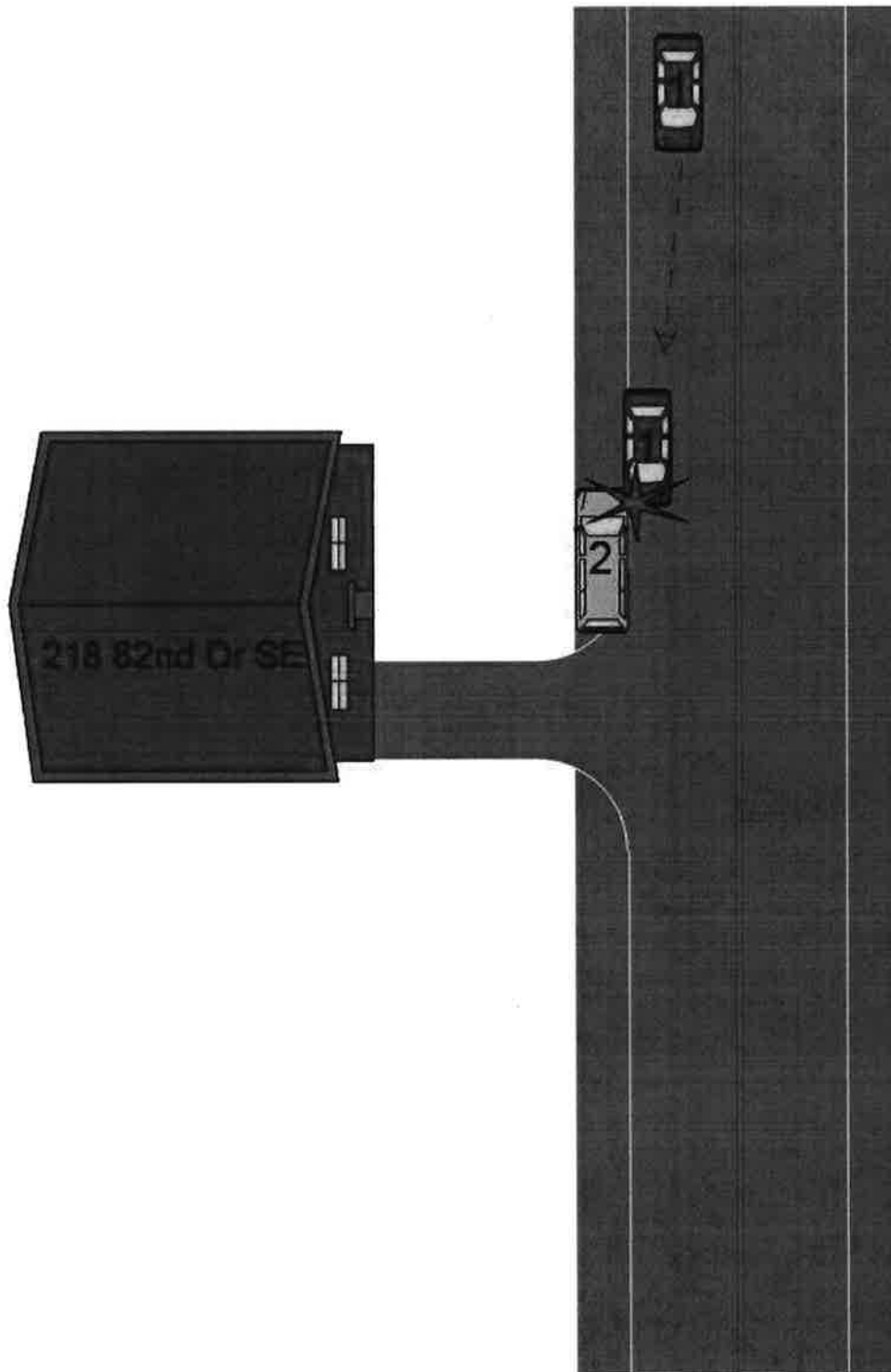
WA0311900

TIME POLICE DISPATCHED

5:27 PM

TIME POLICE ARRIVED

7:04 PM



Not to Scale

STATE OF WASHINGTON UNIFORM INCIDENT REPORT

DATA	AGENCY NAME LAKE STEVENS POLICE DEPT.		<input type="checkbox"/> OFCR SAFETY <input type="checkbox"/> OFCR ASSAULT		INCIDENT NUMBER 15-00223	
	TYPE OF REPORT COL		<input type="checkbox"/> PERSONS <input type="checkbox"/> PROPERTY <input type="checkbox"/> INFORMATION		<input type="checkbox"/> VEHICLE <input type="checkbox"/> ARREST <input type="checkbox"/> PHONE REPORT	
	<input type="checkbox"/> JUVENILE <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE		<input type="checkbox"/> HATE / BIAS <input type="checkbox"/> ARSON - LOSS \$ <input type="checkbox"/> OTHER:		<input type="checkbox"/> COMPUTER USED <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> ALCOHOL RELATED	
	INCIDENT CLASSIFICATION Vehicle Collision/Hit And Run					
PERSONS / BUSINESSES	ADDRESS / LOCATION OF INCIDENT 218 82 Dr Se		PREMISES TYPE / NAME Residence		DV PHAMPHLET GIVEN: YES <input type="checkbox"/> NO <input type="checkbox"/>	
	REPORTED ON		OCCURRED ON OR FROM		OCCURRED TO	
	MONTH 01	DAY 23	YEAR 15	TIME 1727	DOW Fri	
	MONTH 01	DAY 21	YEAR 15	TIME Wed	MONTH 01	DAY 23
SUSPECT /	ADDL ON SUPP <input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT		CODES: V - VICTIM W - WITNESS O - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD	
	D - DECEASED RO - REG. OWNER		TYPE VICTIM CODE		I - INDIVIDUAL B - BUSINESS F - FINANCIAL	
	G - GOVERNMENT R - RELIGIOUS S - SOCIETY / PUB		P - POLICE O - OTHER U - UNK			
	NO. RO		NAME (LAST, FIRST, MIDDLE) Morgan, Patricia L		RACE W ETH F SEX F DOB 101143 HGT 511 WGT 160 HAIR GRY EYES BLU	
VEHICLE / TRAILER / BOAT	STREET ADDRESS 422 Hollyhock Pl Ne		CITY Keizer		STATE OR ZIP CODE 97303 RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>	
	RESIDENCE PHONE 720-323-4566		BUSINESS PHONE		OCCUPATION	
	SOCIAL SECURITY NO		HATE / BIAS		TYPE VIC	
	TYPE INJ.		VICTIM OF OFNS#		OFNDR#	
SIGNATURE	NO. RO		NAME (LAST, FIRST, MIDDLE)		RACE W ETH F SEX F DOB 101143 HGT 511 WGT 160 HAIR GRY EYES BLU	
	STREET ADDRESS		CITY		STATE OR ZIP CODE 97303 RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>	
	RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION	
	SOCIAL SECURITY NO		HATE / BIAS		TYPE VIC	
TYPE INJ.		VICTIM OF OFNS#		OFNDR#		
NUMBER OF SUSPECTS / ARRESTED PERSONS IN THIS INCIDENT:		SUSPECT CODES:		A - ARREST R - RUNAWAY		S - SUSPECT M - MISSING
I - INSTITUTIONAL (MENTAL / DETOX)		X - OTHER				
NO.		NAME (LAST, FIRST, MIDDLE)		RACE		ETH
SEX		DOB		AGE		HGT
WGT		HAIR		EYES		
ALIAS NAME(S)		IDENTIFIERS				
STREET ADDRESS		CITY		STATE		ZIP
RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>		RES. PHONE				
EMPLOYMENT / OCCUPATION / SCHOOL		BUS. PHONE		SOCIAL SECURITY NUMBER		DRIVERS LICENSE / I.D. CARD NO:
STATE						
IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #		CHARGES
ARREST DATE		LOCATION OF ARREST				CITATION / WARRANT # / AGENCY
BAIL						
AFFILIATION		ON VIEW ARREST <input type="checkbox"/>		CITED <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRN
CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED		ARRESTEE ARMED WITH		PCN / IDENTIFICATION NUMBER		MULTI CLEAR <input type="checkbox"/>
JUV. PARENT GDN. NOTIFIED <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		NAME / RELATIONSHIP OF PERSON NOTIFIED		DATE / TIME NOTIFIED		NOTIFIED BY:
DISPOSITION OF JUVENILE						H <input type="checkbox"/> R <input type="checkbox"/>
VEHICLE CODES:		<input type="checkbox"/> STOLEN # <input type="checkbox"/> LOCATED <input type="checkbox"/> TOWED <input type="checkbox"/> EVIDENCE		<input type="checkbox"/> SEIZED <input type="checkbox"/> ABANDONED		<input type="checkbox"/> DAMAGED / VANDALIZED <input type="checkbox"/> OTHER
<input type="checkbox"/> VICTIM'S VEH. <input type="checkbox"/> SUSPECT'S VEH.		<input type="checkbox"/> HOLD FOR:				
NO. 1		LICENSE NUMBER 971EXP		STATE WA		VIN / HULL NUMBER 2C4GP44383R222379
YEAR 03		MAKE CHRY		MODEL TOW		STYLE VAN
COLOR SLV		SPECIAL FEATURES / DESCRIPTION		VALUE/STOLEN \$		DRIVER IS: <input type="checkbox"/> R / O <input type="checkbox"/> PERSON #:
REGISTERED OWNER'S NAME						
VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> TOWED		TOW COMPANY NAME / ADDRESS / PHONE		STATE TOW NO.		REGSITERED OWNER'S ADDRESS
LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		KEYS IN VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		DELINQ. PAYMENT <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		VICTIM CONSENT <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
THEFT INS. <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		DRIVE-ABLE <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		DAMAGE TO VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		SPECIFY DAMAGE BY SHADING DAMAGED AREA <input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE
7 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/>		8 <input type="checkbox"/> 6 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/>				DAMAGE EST \$
MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT, (2) MAKING A FALSE REPORT IS A MISDEMEANOR. IF PROPERTY CRIME: I DO NOT GIVE ANYONE PERMISSION TO ENTER MY PREMISES AND / OR TAKE / REMOVE MY PROPERTY / VEHICLE. IF FOUND PROPERTY: I HAVE BEEN ADVISED OF CHAPTER 83 OF THE R.C.W. AND <input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT WISH TO CLAIM THE PROPERTY IF THE TRUE OWNER CANNOT BE FOUND.						
<input type="checkbox"/> RELEASED PROPERTY TO _____ <input type="checkbox"/> I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE <input type="checkbox"/> I DO <input type="checkbox"/> DO NOT ACCEPT LIABILITY FOR TOWING AND STORAGE <input type="checkbox"/> REQUEST NON-DISCLOSURE PER RCW 42.17.310 (E) <input type="checkbox"/> THE NAMED JUVENILE IS PRESENTLY A RUNAWAY <input type="checkbox"/> THE NAMED PERSON IS PRESENTLY MISSING						
SIGNATURE OF PERSON _____ DATE _____						
OFFICER NAME / NUMBER M. Hingtgen #126		AREA S		OFFICER NAME / NUMBER		AREA
FORWARD TO: <input type="checkbox"/> DYC <input type="checkbox"/> SUPERIOR		<input type="checkbox"/> MARYS <input type="checkbox"/> EVRGN		PROSECUTOR REVIEW REQUESTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DISTRIBUTE TO: <input type="checkbox"/> CPS/APS <input type="checkbox"/> DSHS <input type="checkbox"/> DOL HEARING <input type="checkbox"/> DOC/PROBATION
DATA ENTERED		DATE				

15-00223

LSPD
ORIGINAL

ADDITIONAL NARRATIVE

<small>AGENCY NAME</small> LAKE STEVENS POLICE DEPARTMENT	<small>INCIDENT CLASSIFICATION</small> Vehicle Collision/Hit and Run	<small>INCIDENT NUMBER</small> 15-00223
<small>NAME OF VICTIM(S)</small> Morgan, Patricia L (10/11/43)		

Narrative:

On 1/23/15 at approximately 1753 hrs., I was dispatched to a phone call request involving a hit and run collision. The reporting party, Morgan, Patricia L (10/11/43) indicated that someone had hit her parked vehicle at some point between 1/21/15 and 1/23/15.

I arrived and contacted Patricia. Patricia stated that she had parked her Chrysler Town and Country Van, OR Lic #971EXP, in front of the home on 1/21/15. She stated that she went outside and noticed that her vehicle had been moved onto the sidewalk. Patricia said that she then noticed the passenger side of her vehicle was damaged. The damage included her passenger side front fender and passenger side front tire.

Patricia requested a tow vehicle to have the vehicle towed to a repair shop.

At the scene, there was two pieces of clear plastic. The plastic appeared to be from a headlight and had a Ford emblem engraved on it. I conducted an area check for the vehicle and was unable to locate anything that matched the description.

Attachments:

Vehicle Collision Report
Witness Statement-Morgan

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

<small>OFFICER NAME / NUMBER</small> M. Hingtgen #126	<small>APPROVED BY</small> 
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**LSPD
ORIGINAL**

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER 15-00223

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) MORGAN, Patricia Louise	RACE	ETH	SEX F	DOB 10-11-1943	AGE 71	HGT	WGT	HAIR	EYES
STREET ADDRESS 422 Hollyhock Pl N		CITY Keizer			STATE OR	ZIP 97303	RES. STATUS OR			
HOME PHONE		CELL PHONE 720 323-4566			PLACE OF EMPLOYMENT Retired					
WORK PHONE		EMAIL ADDRESS happyheart101@gmail.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

My van was parked in front of 218 82nd Dr SE. Sometime between Wednesday afternoon and Friday afternoon (Jan 21-23, 2015) it was hit by another vehicle causing extensive damage to the right front wheel: breaking the ball joint and damaging the right side of the van so the right front door couldn't open. I believe it happened Thursday night. The van was hit so hard that it was pushed up onto the sidewalk.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>Pat Morgan</i>	DATE SIGNED 1-23-2015	LOCATION SIGNED 218 82nd St SE, Lake Stevens
OFFICER/NUMBER: <i>[Signature]</i> 126	DATE SIGNED 1/23/15	LOCATION SIGNED LSPD

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

ORIGINAL

Incident History for: #SS15001413

Case Numbers: \$SS15000223

Entered 01/23/15 17:27:28 BY SPCT04 SP0392

Dispatched 01/23/15 17:53:51 BY SPDP17 SP0386

Enroute 01/23/15 17:53:51

Onscene 01/23/15 19:04:22

Closed 01/23/15 19:28:37

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 3 Dispo: H

Police BLK: SS003 Fire BLK: AG1517 Map Page: 397C-2 Group: SS1 Beat: SOUT

Src: T

Loc: 218 82 DR SE , LKS btwn 2 PL SE & 4 ST SE (V)

Loc Info:

Name: MORGAN, PATRICIA

Addr:

Phone: 7203234566

/1727 (SP0392) ENTRY , PH, COLD, NS, H/R, RP ALREADY HAD VEH TOWED,

/1727 (SP0386) VIEWED

/1753 DISPER 19N2

[PH]

#SS126 HINGTGEN, OFFICER (MICHAEL)

/1848 CHGLOC 19N2

[LOC]

/1857 (SS126) REMINQ 19N2

MDTVEH, B40809A, , WA, , , , , , , , ,

/1858 REMINQ 19N2

MDTVEH, ADS1923, , WA, , , , , , , , ,

/1859 REMINQ 19N2

MDTVEH, B35457W, , WA, , , , , , , , ,

/1904 (SP0386) ASNCAS 19N2

\$SS15000223

/1904 ONSCNE 19N2

/1912 (SS126) REMINQ 19N2

MDTWANT, MORGAN, PATRICIA, L, 101143, F, X, OR, , , , , , , , ,

/1913 REMINQ 19N2

MDTVEH, 971EXP, PC, OR, , , 2015, , , , X, , , ,

/1913 *MISC 19N2

, STATE FARM 136 6670-D04-37A

/1928 (SP0386) CLEAR 19N2

D/H

/1928 CLOSE 19N2

LSPD
ORIGINAL